

L07000116901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

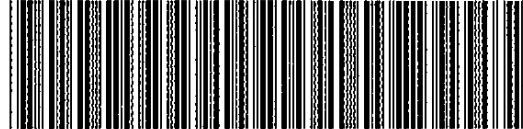
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JB

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BETH A. JOHNSON  
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TALLAHASSEE, FLORIDA

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CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      ASHLEY SMITH

**DATE:**            11-20-2007

**REF. #:**           000472.77626

**CORP. NAME:**   TRADEWIND FARMS OF HOMESTEAD, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 523705 **FOR \$** 160.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**TRADEWIND FARMS OF HOMESTEAD, LLC**  
**A Florida Limited Liability Company**

**ARTICLE I – Name**

The name of the Limited Liability Company is:

TRADEWIND FARMS OF HOMESTEAD, LLC

**ARTICLE II – Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Patrick J. Grattan  
7472 Erwin Place  
Coral Gables, Florida 33143

**ARTICLE III – Initial Registered Agent and Office**

The name of the initial registered agent and the Florida street address of the initial registered office is:

Patrick J. Grattan  
7472 Erwin Place  
Coral Gables, Florida 33143

**ARTICLE IV – Management**

The Limited Liability Company is a member-managed company.


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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, the undersigned agrees to act in that capacity, to comply with the provisions of the Florida Business Corporation Act, and is familiar with, and accepts, the obligations of that position.*

Dated this 20<sup>th</sup> day of November, 2007.

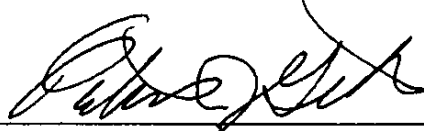
**TRADEWIND FARMS OF HOMESTEAD, LLC**  
a Florida limited liability company

By:   
Print name: Patrick J. Grattan  
Title: Managing Member

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## ARTICLE V - Duration

The period of duration for the Limited Liability Company is perpetual.

A handwritten signature in black ink, appearing to be "Peter J. Smith", written over a horizontal line.

Signature of Member

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